

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402457974

Date Received:

08/03/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10000
Name of Operator: BP AMERICA PRODUCTION COMPANY
Address: 1199 MAIN AVENUE SUITE 101
City: DURANGO State: CO Zip: 81301
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
.		SanJuanCOGCC@bp.com
<u>Labowskie, Steve</u>		steve.labowskie@state.co.us
<u>Beebe, Sabre</u>		sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103003
Inspection Date: 07/22/2020 FIR Submit Date: 07/29/2020 FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY Company Number: 10000
Address: 1199 MAIN AVENUE SUITE 101
City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 306873

Location Name: LEPLATT GAS UNIT B-N34N7W Number: 11SWNE County: LA PLATA
Qtrqtr: SWNE Sec: 11 Twp: 34N Range: 7W Meridian: N
Latitude: 37.232514 Longitude: -107.602589

FACILITY - API Number: 05-067-00 Facility ID: 271492

Facility Name: LE PLATT B Number: 1
Qtrqtr: SWNE Sec: 11 Twp: 34N Range: 7W Meridian: N
Latitude: 37.232514 Longitude: -107.602589

CORRECTIVE ACTIIONS:

1 CA# 140795

Corrective Action: REMOVE NOXIOUS WEEDS COMPLY WITH RULE 1003.f. Date: 07/29/2020

Response: CA COMPLETED Date of Completion: 07/31/2020

Initial inspection received on 7/29/20 with due date of 7/29/20. a crew for weed removal was mobilized to location at the earliest availability to remove weeds. See attached.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action for weeds complete as soon as a crew was available.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sabre Beebe Signed: _____

Title: Specialist Date: 8/3/2020 11:03:48 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
402457981	Weed removal completion

Total Attach: 1 Files